

Fill in this information to identify the case:

United States Bankruptcy Court for the:

\_\_\_\_\_ District of New Jersey  
(State)

Case number (if known): \_\_\_\_\_ Chapter 11

☐ Check if this is an amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the Bankruptcy Code

Check one:

☐ Chapter 7

☒ Chapter 11

Part 2: Identify the Debtor

2. Debtor's name

Re-Hold, Inc.

3. Other names you know the debtor has used in the last 8 years

Include any assumed names, trade names, or doing business as names.

4. Debtor's federal Employer Identification Number (EIN)

☒ Unknown

EIN

5. Debtor's address

Principal place of business

305 Gordons Corner Road

Number Street

Manalapan

NJ

07726

City

State

ZIP Code

Monmouth

County

Mailing address, if different

Number Street

P.O. Box

City

State

ZIP Code

Location of principal assets, if different from principal place of business

100, 300, 310, 320 & 435 Bridge Plaza Drive

Number Street

Manalapan

NJ

07726

City

State

ZIP Code

Debtor Re-Hold, Inc. Case number (if known) \_\_\_\_\_  
Name

6. Debtor's website (URL) N/A

7. Type of debtor  
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other type of debtor. Specify: \_\_\_\_\_

8. Type of debtor's business  
*Check one:*  
☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☒ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the types of business listed.  
☐ Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?  
☐ No  
☒ Yes. Debtor Peplemover, LLC Relationship affiliate  
District New Jersey Date filed to be filed on 06/23/2023 Case number, if known \_\_\_\_\_  
MM / DD / YYYY  
Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ Date filed \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**Part 3:** Report About the Case

10. Venue  
*Check one:*  
☒ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.  
☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations  
Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).  
The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).  
*At least one box must be checked:*  
☒ The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.  
☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?  
☒ No  
☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor Re-Hold, Inc.  
Name

Case number (if known) \_\_\_\_\_

**13. Each petitioner's claim****Name of petitioner****Nature of petitioner's claim****Amount of the claim  
above the value of  
any lien**Bridge Plaza Condominium Association, Inc.,  
a New Jersey Nonprofit CorporationCondominium Assessments\$ \$102,000

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Total of petitioners' claims

\$ \$428,332.29

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

**Part 4: Request for Relief**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

**Petitioners or Petitioners' Representative****Name and mailing address of petitioner**Bridge Plaza Condominium Association, Inc., a NJ Nonprofit Corporation

Name  
c/o Cedarcrest Property Management  
91 Clinton Road, Suite 2D

Number Street

FairfieldNJ07004

City

State

ZIP Code

**Name and mailing address of petitioner's representative, if any**Dr. Marc Feingold, MD, President of Bridge Plaza Condominium Assoc.

Name

420 Bridge Plaza Drive

Number Street

ManalapanNJ07726

City

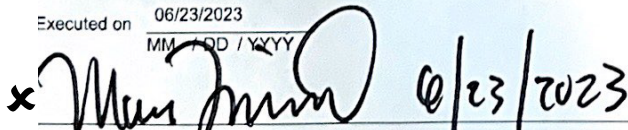
State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/23/2023

MM / DD / YYYY

x  06/23/2023

Signature of petitioner or representative, including representative's title

**Attorneys**Daniel W. Heinkel, Esq.

Printed name

Heinkel Law LLC

Firm name, if any

PO Box 1345

Number Street

West CaldwellNJ07007

City

State

ZIP Code

Contact phone 973-784-2088Email daniel@heinkellaw.comBar number #116372015State NJ

x /s/ Daniel W. Heinkel

Signature of attorney

Date signed 06/23/2023

MM / DD / YYYY

Debtor \_\_\_\_\_ Case number (if known) \_\_\_\_\_

Name

**Name and mailing address of petitioner**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

**Name and mailing address of petitioner's representative, if any**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_  
MM / DD / YYYY

**X**

\_\_\_\_\_  
Signature of petitioner or representative, including representative's title

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Firm name, if any

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

Bar number \_\_\_\_\_

State \_\_\_\_\_

**X**

\_\_\_\_\_  
Signature of attorney

Date signed \_\_\_\_\_  
MM / DD / YYYY

**Name and mailing address of petitioner**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

**Name and mailing address of petitioner's representative, if any**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_  
MM / DD / YYYY

**X**

\_\_\_\_\_  
Signature of petitioner or representative, including representative's title

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Firm name, if any

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

Bar number \_\_\_\_\_

State \_\_\_\_\_

**X**

\_\_\_\_\_  
Signature of attorney

Date signed \_\_\_\_\_  
MM / DD / YYYY